

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-676)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL	9					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

# CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

09384963

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	40					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS